

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Mr. Joseph Simon Donnelly

(b) Address (number and street)

16200 Foxcross Dr.

(c) City, State and ZIP Code

Granger

IN

46530

☐ Check if address changed

2. Identification Number

H4IN02101

3. Is This Statement

☐ New (N)

OR

☒ Amended (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

IN 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Joe Donnelly for Congress

(b) Address (number and street)

PO Box 1961

(c) City, State and ZIP Code

South Bend

IN

46634

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Keep Indiana Blue

(b) Address (number and street)

PO Box 83142

(c) City, State and ZIP Code

Gaithersburg

MD

20883

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A

.00

for the primary election, and

9B

.00

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Joseph S. Donnelly

Date

05/06/2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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